

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2017
FORM APPROVE
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2017
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 431 SS=E	<p>483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who—</p> <p>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>(g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>(h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in</p>	F 431	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements and state requirements when necessary.</p> <p>F431</p> <ol style="list-style-type: none"> 1. The expired Multi-Vitamins and the 0.45% Sodium Chloride IV fluids were destroyed immediately on 5/09/17 by the SDC nurse. 2. All the other medication storage rooms were checked and found to be in compliance with no expired medication found. 3. Nursing staff re-educated on 5/24/17 to check medication storage cabinets w/ky, on night shift and remove any expired meds and mark them for destruction. 4. DON, ADON, or designee will check the medication storage rooms 1x w/ky. x 3 months then randomly x3 months thereafter to maintain compliance. <p>Findings of the w/ky. audits will be forwarded to the QA Leadership team for review and resolution.</p>	6/6/2017	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501		
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F 431	<p>Continued From page 1</p> <p>locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure expired medications in 2 of 3 medication storage rooms were discarded.</p> <p>The findings included:</p> <p>Review of the facility's Policy and Procedures on Medications dated 7/2014 revealed, "...Medication Storage...Routine checks must be accomplished to ensure that expired medications are discarded..."</p> <p>Observation on 5/09/17 at 11:32 AM in the North hall medication storage room revealed 1 bottle of Stress with Zinc (multivitamins) containing 60 tablets had an expiration date of January 2017, and 4 bottles with expiration dates of April 2017. During this observation Licensed Practical Nurse (LPN) #1 confirmed the medications were expired.</p> <p>Observation on 5/09/17 at 11:38 AM, in the 100-hall medication room revealed 2 bags of</p>	F 431			

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NAME OF PROVIDER OR SUPPLIER

BETHESDA HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

444 ONE ELEVEN PLACE
COOKEVILLE, TN 38501

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F 431	<p>Continued From page 2</p> <p>0.45% sodium chloride intravenous (IV) fluid had expiration dates of May 2016, 4 bags had expiration dates of February 2017, and 2 bags had expiration dates of March 2017. During this observation LPN #1 verified the medications were expired.</p> <p>Interview with the Director of Nursing on 5/09/17 at 3:50 PM, in the nurse management office, confirmed the facility failed to remove expired medications from 2 of the 3 medication storage rooms.</p>	F 431		